



**CITY OF MANCHESTER
ZONING BOARD OF ADJUSTMENT
ONE CITY HALL PLAZA
MANCHESTER, NH 03101-2097
TEL: (603) 624-6328
FAX: (603) 624-6529**

VARIANCE APPLICATION

Complete this application and attach any supplemental material that would support your appeal.

Property Location: _____
Zoning District: _____ Map/Lot No.: _____

Applicant: _____
Address : _____
Phone No. _____ Check No. _____

Section(s) or Article of the Zoning Ordinance in violation: _____

1. The proposed use would not diminish surrounding property values because: _____

2. Granting the variance would not be contrary to the public interest because: _____

3. Denial of the variance would result in unnecessary hardship to the owner because:

4. By granting the variance, substantial justice would be done because: _____

5. By granting the variance, the use would not be contrary to the Spirit of the Zoning Ordinance because: _____

Signature: _____

Date: _____